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NJ

COMPLAINT

(for filers who are prisoners without lawyers)

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WISCONSIN

U.S. DISTRICT COURT
EASTERN DISTRICT OF WISCONSIN

2020 OCT -5 P 2:12

CLERK OF COURT

(Full name of plaintiff(s))

Vondele Montez Over

v.

Case Number
20-cv-1542

(Full name of defendant(s))

Waupun Correction Institution

(to be supplied by Clerk of Court)

A. PARTIES

1. Plaintiff is a citizen of Wisconsin and is located at
(State)

Waupun Correctional Institution PO Box 351 Waupun WI, 53983
(Address of prison or jail)

(If more than one plaintiff is filing, use another piece of paper.)

2. Defendant Ashley Birdyshaw, Marie Moore
(Name)

is (if a person or private corporation) a citizen of Wisconsin

and (if a person) resides at _____ (State, if known)

_____ (Address, if known)
and (if the defendant harmed you while doing the defendant's job)

worked for Waupun Correctional Security and Medical Institution
(Employer's name and address, if known)

(If you need to list more defendants, use another piece of paper.)

B. STATEMENT OF CLAIM

On the space provided on the following pages, tell:

1. Who violated your rights;
2. What each defendant did;
3. When they did it;
4. Where it happened; and
5. Why they did it, if you know.

While housed at Waupun Correctional Institution / Segregation
department, Range B 201 around 5:45 AM CO
entered unit to distribute Medication in which
he stopped at my door. at that Sec I voiced to CO
John Doe I have a Medical Emergency. CO John Doe gave
no response and kept walking as though I never requested
his help. about 2 min later RN Ashley along with CO Birdy
Shaw came to my door for court ordered Medication. I
then voiced my Medical Emergency to both Ashley/RN and
Security Birdy Shaw. Nurse Ashley then took my
Temperature showing that I did in fact have a
Medical Emergency (Temp°) 8th Amendment Violation.

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Nurse ashley Said She will Inform MD M. Moore and
Pull me out the cell To further evaluate me. My temp was
101.3 Dg. RN Ashley and DR M. Moore left me in cell
B201 from around 5:45 AM To around 11:00 AM / 6 hrs.
at around 11:pm I utilized the Medical Emergency button
again that's Stationed Inside the cell and Stated My
Medical Emergency has elevated. Causing me to Spit bile
everywhere In cell with other Symptoms. 40 Mins later
for Medication Nurse Bob came to my door for ordered
Medication. at that Sec, I had to Inform Medical
Staff again of my Medical Emergency. Nurse Bob
Then Took my Temp° Showing That my Temp elevated
from 101.3 to 103.2 "Sepsis". Nurse Bob Then went
To Nurse Station while I Remained In cell after
asking me Why havnt noone helped me. 5 min later
I was Rushed To Waupun Memorial Hospital
for lack of Medical Emergency treatment.
had I been Treated when I first Called for
Medical help That RN ashley, M. Moore, CO Birdyshaw
I wouldn't've had to be Rushed To hospital
hours later. My Medical need was deliberately
neglected, leaving me to suffer for
over 5 hours leaving me to have to
Receive hospital emergency treatment

C. JURISDICTION



I am suing for a violation of federal law under 28 U.S.C. § 1331.

OR



I am suing under state law. The state citizenship of the plaintiff(s) is (are) different from the state citizenship of every defendant, and the amount of money at stake in this case (not counting interest and costs) is \$_____.

D. RELIEF WANTED

Describe what you want the Court to do if you win your lawsuit. Examples may include an award of money or an order telling defendants to do something or to stop doing something.

I am Requesting To be Fully Compensated

E. JURY DEMAND

I want a jury to hear my case.



- YES

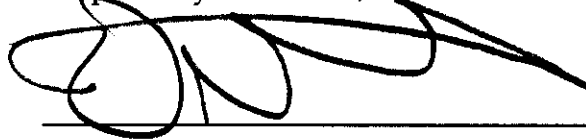


- NO

I declare under penalty of perjury that the foregoing is true and correct.

Complaint signed this 23 day of 9 2020.

Respectfully Submitted,



Signature of Plaintiff

541533

Plaintiff's Prisoner ID Number

Waupun Correctional Institution
PO Box 351, Waupun WI, 53983

(Mailing Address of Plaintiff)

(If more than one plaintiff, use another piece of paper.)

REQUEST TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING THE FULL FILING FEE



I DO request that I be allowed to file this complaint without paying the filing fee. I have completed a Request to Proceed in District Court without Prepaying the Full Filing Fee form and have attached it to the complaint.



I DO NOT request that I be allowed to file this complaint without prepaying the filing fee under 28 U.S.C. § 1915, and I have included the full filing fee with this complaint.

Vondelle Over, DOC 541533
Waupun Correctional Institution
P.O. Box 854 351
Waupun, WI 53963-0351

Hasler

10/01/2020

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Waupun, WI 53963

FRI 02 OCT 2020

United States District Court
Eastern District of Wisconsin

517 East Wisconsin Ave, Room 362, Milw, WI 53202

